

Exhibit R

August 10, 2023 Authorization

TO: Jeanette Lyles, Special Investigations Unit
Equitable
P O Box 1047

Charlotte, NC 28201-1047

Insured: Ioannis Triantafillos

Policy No: [REDACTED] 6693

I authorize Equitable to retain the claim proceeds on deposit pursuant to the terms set forth above until a mutually agreed upon settlement or final resolution by judicial intervention is obtained, provided interest accrues thereon at the statutorily required rate. ~~I also authorize Equitable to disclose my contact information to the adverse claimant and, if requested, such documents as either claimant deems necessary for review and evaluation in order to facilitate resolution.~~

C. Reus [Signature] 8/10/23
[Christina Stefanopoulos] Date

Please do not disclose my contact information
to adverse claimant, ~~etc~~

thank you.

C. Reus [Signature]

